

RYAN WHITE II
MINORITY AIDS INITIATIVE
“INCREASING PARTICIPATION OF MINORITIES IN THE TEXAS HIV
MEDICATION PROGRAM IN HARRIS AND DALLAS COUNTIES”
QUARTERLY REPORT

Name of Agency:

Region:

Contract Number:

Prepared By: Name-

Title -

Quarter: 1 _____ 2 _____ 3 _____ 4 _____

Fiscal Year _____

An electronic copy of this report must be submitted to the appropriate **Public Health Region HIV Program Manager**, to hivstdreport.tech.@tdh.state.tx.us and to feedback.hivstdclinical@tdh.state.tx.us.

If electronic submission is not an option, mail three copies of the report to the attention:

Clinical Resources Division, c/o Field Operations Report Technician
HIV/STD Health Resources Division
Bureau of HIV and STD Prevention
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

An additional paper copy must be mailed to the Regional HIV Program Manager. No facsimile copies will be accepted.

Due dates for the reporting periods are:

1st quarter	(April, May, June)	Due July 20
2nd quarter	(July, Aug., Sept.)	Due October 20
3rd quarter	(Oct., Nov., Dec.)	Due January 20
4th quarter	(Jan., Feb., Mar.)	Due April 20

I. PROGRAM OBJECTIVES AND CLIENT DATA

- A. Note progress in meeting each contract “Performance Measure” for the current quarter and year-to-date.**

Case Management system shall:

- 1. Initiate a face-to-face contact with ninety-five percent (95%) of identified potential clients from the target population within two (2) weeks of release of potential client from jail or prison.**
 - 2. Link ninety-five percent (95%) of identified clients to HIV related primary medical care and psychosocial services after the initial client contact and shall enroll ninety percent (90%) of the clients who pass the eligibility screen into the THMP.**
 - 3. Maintain ninety percent (90%) of eligible clients on the THMP for two (2) months after the initial THMP enrollment and eighty percent (80%) of eligible clients on the THMP for six (6) months after the initial THMP enrollment.**
 - 4. Ensure adherence by eighty percent (80%) of eligible THMP clients in obtaining prescription THMP approved medication refills for two (2) out of three (3) consecutive months in the quarterly reporting period of July 2003, October 2003, January 2004, and April 2004.**
- B. List each program objectives and the progress towards meeting each objective this quarter and year-to-date.**

C. Please complete the table below for all clients new to your program, and clients whose status with regard to their participation in the Texas HIV Medication Program changed during this quarter:

Quarter Start Date: __/__/____ **End of Quarter Date:** __/__/____

[illegible]

¹Provide THMP client code number for all clients served this quarter.

²Date of client enrollment in THMP after becoming a client of your program (only necessary to list this once). Subsequently, note “not applicable”.

³Indicate any lapse in client participation on THMP during this quarter by placing an “X”. If not applicable, put “N/A”.

Codes for Reasons for discontinued enrollment in THMP
1 – Moved out of area
2 – Lost to follow-up
3 – Deceased
4 – No longer eligible
5 – Returned to incarcerated setting
6 – Discontinuation of HIV medications by client
7 – Discontinuation of all HIV medications by physician
8 – Discontinuation of HIV meds by physician for drug holiday
9 – Other

⁴Indicate date THMP dropped client from enrollment. If not applicable, put "N/A".

5 See Codes listed below for "Reasons for Discontinued Enrollment" in THMP; list appropriate code. If not applicable, put "N/A".

6Indicate date that client was re-enrolled on THMP after a period of not being served. If not applicable, put "N/A".

D. Please complete the required information in the table below:

Number of unduplicated clients served this quarter	
Number of clients enrolled in THMP this quarter	
Total number of unduplicated clients served contract year-to-date	
Number of case management units of service provided this quarter	
Number of case management units of service provided contract year-to-date	
Total number of THMP applicants who did not complete certification process for THMP this quarter	
Total number of THMP applicants who did not complete certification process for THMP contract year-to-date	
Total number of applicants denied coverage by THMP this quarter for failure to meet eligibility criteria	
Total number of applicants denied coverage by THMP to-date during contract period for failure to meet eligibility criteria	

D. Describe obstacles for this population to enrolling in THMP. Provide sufficient information to explain barriers to successful enrollment in THMP experienced by clients and/or agency staff. These may be client-centered, internal to agency, internal to THMP or from some other source/situation. Suggestions for reducing/overcoming barriers are appreciated.

II. PROGRAM ISSUES

A. Staffing issues

1. List staff changes affecting this scope of work that occurred during this quarter:

2. List all vacant positions for this grant:

3. Volunteer Activities:

# of volunteers utilized	
# of volunteer hours provided	
Estimated value of volunteer time	

B. Funding Issues

- 1. Describe efforts that occurred during the quarter (e.g. fund raising, donations, other grant applications) to secure funds to supplement TDH monies.**

Response to this section is optional.

C. Work plan:

1. Discuss activities conducted.

- Outreach/ Access:
- Enroll and maintain eligible clients on THMP:

2. Discuss obstacles/concerns.

- Outreach/Access:
- Enroll and maintain eligible clients on THMP:

(C. Work Plan continued)

3. Discuss significant outcomes for activities undertaken to achieve work plan.

- Outreach/Access:
- Enroll and maintain eligible clients on THMP:

4. Discuss significant changes to the work plan as it was submitted in the grant application.

- Outreach/Access:
- Enroll and maintain eligible clients on THMP:

D. COORDINATION¹

- 1. Describe the coordination activities that occurred during the quarter between the grantee/subcontractors and federal and state prisons, jails and juvenile institutions.**
- 2. Describe the coordination activities that occurred during the quarter between the grantee/subcontractors and local Tuberculosis prevention/control programs.**
- 3. Describe the coordination activities that occurred during the quarter between the grantee/ subcontractors and local sexually transmitted disease programs.**

¹ NOTE: Coordination of certain, specific activities is a requirement of the grant. Refer to the grant proposal for specifics.

(D. Coordination continued)

- 4. Describe the coordination activities that occurred during the quarter between the grantee/subcontractor and substance abuse treatment agencies.**
- 5. Describe the coordination activities that occurred during the quarter between the grantee/ subcontractors and agencies that provide mental health and/or mental retardation services.**
- 6. Describe the coordination activities that occurred during the quarter between the grantee/subcontractors and other agencies.**

E. EVALUATION ACTIVITIES

- 1. Describe evaluation activities (e.g., monitoring by management, client satisfaction survey client focus groups, etc.) that occurred during the quarter.**
- 2. List and describe all monitoring activity of subcontractors performed by the grantee that occurred during this quarter.**

F. TRAINING/TECHNICAL ASSISTANCE

- 1. List all staff training related to this scope of work that occurred during this quarter.**
- 2. Describe technical assistance/training needs expressed by the grantee staff and activities undertaken to meet these needs.**
- 3. Describe financial, budget management or grant management concerns that the grantee may have and any specific response desired from the grantor.**

Request for Information from THMP

☆Fax to 512-490-2503 Attn: THMP Eligibility

☆Agency to complete this section: *Required information*

Return mail to: (fill this out to get your results delivered to you)

*Agency Name: _____

*Phone Number: _____

*Address: _____

*Contact Name: _____

*Client Name	THMP Code If Known	*SSN	*DOB
1.			
2.			
3.			
4.			
5.			
6.			

☆THMP to complete this section:

Client	Pending Completion of Application Date	Application Denied Date	Last Date Enrolled	Drop Date	Dropped for Inactivity? Yes/No	Other Comments: Correct THMP Code
1.						
2.						
3.						
4.						
5.						
6.						